

Maine CDC/DHHS Update on Novel Influenza A (H1N1) Virus

September 24, 2009

Overview

US CDC reports that key indicators show that flu activity continued to increase in the US during the week of Sept. 6-12. Visits to doctors for influenza-like illness are higher than what is expected during this time of year and have increased for five consecutive weeks. Total flu hospitalization rates are higher than expected for this time of year. As of Sept. 13, the World Health Organization reported at least 3,486 deaths from H1N1.

Maine has identified 388 cases of H1N1, which include 19 individuals requiring hospitalization and one individual who has died. The number of cases is only a barometer of community transmission, not of actual case counts, because not all people with infection are tested. Of Maine residents with confirmed H1N1, 64 percent have been under 25 years of age.

The outbreak at Bowdoin College appears to be subsiding. In addition, Maine saw two apparent outbreaks of influenza-like illness in Central Maine schools seeing absentee rates above 15%.

Seasonal influenza vaccine:

Maine CDC has distributed about 114,000 doses of seasonal flu vaccine, with most of this being distributed to schools or pediatric providers. About 14 schools or school districts have held vaccine clinics. Due to nationwide delays in shipping of seasonal flu vaccine, Maine CDC recommended this week that large public clinics and school-located clinics be rescheduled if vaccine for those clinics had not already arrived. Clinic planners were advised to reschedule for mid- to late-October or into November, and to consider offering both seasonal flu vaccine and H1N1 flu vaccine at the same time.

H1N1 influenza vaccine:

It appears from preliminary clinical studies that children 10 – 18 may only need one dose of the H1N1 vaccine. Previous results in adults ages 18 – 65 indicate this population will also only need one dose. Dosage results for younger children are pending. (<http://www.nih.gov/news/health/sep2009/niid-21.htm>)

US CDC issued a Q&A for clinicians related to H1N1 vaccination:

http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm

Updates by Priority Population

The following groups are prioritized to be offered the first available doses of H1N1 vaccine, because they are at higher risk of complications from H1N1 infection or are more likely to pass the flu on to others who may be at higher risk of complications:

- Pregnant women;
- Household members and caregivers for children under 6 months old;
- Health care and emergency medical services personnel;
- All people ages 6 months through 24 years of age;
- People ages 25 through 64 who have health conditions.

Minority Populations:

Maine CDC's Office of Minority Health, under the leadership of Lisa Sockabasin, has been working since April on outreach and communications with Maine's minority populations related to H1N1, making sure appropriate materials are translated and communities are engaged. This office is working now on assuring such efforts are in place to address the H1N1 influenza vaccine. They can be reached at 287-4844 for further questions or concerns.

Pregnant Women:

US CDC updated its Interim Recommendations for Obstetric Health Care Providers:

http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm

A conference call for clinicians who care for pregnant women was held Sept. 17. Following are the questions and answers from the call:

Q. Is it safe to get the vaccine during the first trimester?

A. Yes.

Q. Will the screening questions be the same for seasonal and H1N1?

A. The Vaccine Information Statement (VIS) will determine that. CDC will be releasing the VIS for the licensed H1N1 vaccine soon.

Q. If a patient already has had H1N1 should they be vaccinated?

A. Generally yes, since the very vast majority of those with H1N1 never got tested, and there is no increased risk of getting the vaccine if you had the disease.

Q. How many shots are needed for H1N1?

A. Preliminary results of clinical studies show that people 10 and older only need one dose of H1N1 vaccine. Clinical studies in pregnant women are underway and results should be available soon.

Q. Is the vaccine diminished by antivirals?

A. Intranasal vaccine should not be administered until 48 hours after cessation of antiviral therapy, and influenza antiviral medications should not be administered for two weeks after receipt of intranasal vaccine.

Q. When will medical practices receive H1N1 vaccine if schools are a priority?

A. We have not yet received specific dates from US CDC for vaccine shipment. We anticipate that the first doses to arrive will be prioritized to medical providers for pregnant women and high-risk children, especially pre-school aged children.

Q. What are the storage and handling requirements for H1N1 vaccine?

A. Please see <http://www.maine.gov/dhhs/boh/maineflu/h1n1-vaccine.shtml> for information. H1N1 vaccine must be handled in accordance with the package insert, in a vaccine refrigerator.

Health Care and Emergency Medical Services Personnel:

Maine CDC is working with the Regional Resource Centers at Eastern Maine Medical Center, Central Maine Medical Center, and Maine Medical Center, to assure that all health care providers and Emergency Medical Services personnel (EMS) are offered H1N1 vaccine during the first few weeks of its arrival.

A health care provider tool kit for H1N1 vaccine clinics has been posted at:

<http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/index.shtml>

Health care workers and EMS who would like to volunteer to vaccinate children as part of the school-based clinic initiative should register at www.maineresponds.org. Maine Responds will verify the credentials of volunteers, and they will be added to a list at http://www.maine.gov/mema/mema_news_display.shtml?id=79232.

Child Care Providers:

A conference call for child care providers was held Sept. 21. Following are the questions and answers from the call:

Q. Will the 2009 H1N1 influenza vaccines be safe?

A. We expect the 2009 H1N1 influenza vaccine to have a similar safety profile as seasonal flu vaccines, which have a very good safety track record. Over the years, hundreds of millions of Americans have received seasonal flu vaccines. The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness or swelling where the

shot was given. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) will be closely monitoring for any signs that the vaccine is causing unexpected adverse events and we will work with state and local health officials to investigate any unusual events.

Q. Will there be a possibility of Guillain-Barré Syndrome (GBS) cases following the 2009 H1N1 vaccine?

A. Guillain-Barré syndrome (GBS) is a rare disease in which the body damages its own nerve cells, causing muscle weakness and sometimes paralysis. It is not fully understood why some people develop GBS, but it is believed that stimulation of the body's immune system may play a role in its development. People can also develop GBS after having the flu or other infections (such as cytomegalovirus and Epstein Barr virus). On very rare occasions, they may develop GBS in the days or weeks following receiving a vaccination.

Q. Should someone with Guillain-Barré Syndrome get vaccinated against the flu?

A. If you have Guillain-Barré Syndrome, you should contact your health care provider to find out if you should receive the flu vaccine or not.

Q. If you have an autoimmune disorder, asthma, or other chronic illness, should you avoid getting vaccinated?

A. People who have a severe (life-threatening) allergy to chicken eggs or to any other substance in the vaccine should not be vaccinated. People with asthma, chronic respiratory illnesses, or neurodevelopmental disorders or delays are prioritized to be vaccinated early due to their risk of complications from the flu.

Q. If you get H1N1, can you get it again?

A. We do not know yet. H1N1 is a new flu virus, and it is possible that it will evolve.

Q. Can you get seasonal and H1N1 vaccinations at the same time?

A. It is anticipated that seasonal flu vaccine and H1N1 vaccine may be administered on the same day. However, if you receive the intranasal ("FluMist") form of vaccine, these should be separated by 1 month. You can get an intranasal vaccine and an injectable vaccine at the same time.

Q. Will the H1N1 vaccine have thimerosal?

A. As with the seasonal influenza vaccines, the 2009 H1N1 vaccines are being produced in formulations that contain thimerosal, a mercury-containing preservative, and in formulations that do not contain thimerosal. We expect to have some thimerosal-free H1N1 vaccine available for pregnant women and very young children.

For more facts about thimerosal see our Fact Sheet

(<http://www.maine.gov/dhhs/boh/Thimerosal%20Fact%20Sheet%20Final%20Version10%200521.pdf>) and Dr. Mills's presentation: (http://www.maine.gov/dhhs/boh/thimerosal_presentation.pdf).

Q. Will schools have the intranasal vaccine, or will it be available in pediatrician offices only?

A. Distribution plans are currently being determined.

Q. Are there advantages of the intranasal vaccine instead of the injectable?

A. The intranasal vaccine does not require a needle stick; however, it is only recommended for healthy people ages 2-49 who are not pregnant. The intranasal vaccine is as effective as the injected vaccine.

Q. How many shots are required for H1N1?

A. The US Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for people 10 to 65 years of age. Data from trials among children indicate those 6 months to 10 years of age will need 2 doses, a month apart.

Q. What will be the recommended interval between the first and second dose for children 9 years of age and under?

A. This will not be known until clinical trials are complete. For planning purposes, planners should assume 21-28 days between the first and second vaccination.

Q. What kind of thermometer is best for monitoring fevers?

A. This web site has additional information about fevers: <http://www.mayoclinic.com/health/first-aid-fever/FA00063>

This Consumer Reports article may give you helpful information in determining what type of thermometer to use:
<http://www.consumerreports.org/cro/babies-kids/childrens-health/health-issues/thermometers/thermometers-4-07/overview/thermometers-ov.htm?loginMethod=auto>

Q. If the severity increases and day care are asked to close, is there funding available to help make up for lost business?

A. In cases of increased severity, current guidance is to close for 10 days and reassess. Maine CDC would close a business as a last resort. We are unaware of funds to help businesses that have to close due to a disease outbreak.

Q. What precautions should be taken for infants under six months?

A. Infants younger than six months cannot be vaccinated against influenza. Household members and caregivers of these infants are prioritized to receive vaccine in an effort to protect these infants. Other general hygiene protection measures, such as frequent washing of toys, especially during a flu outbreak, are warranted.

Other New or Recently Updated H1N1 Guidance or News

US CDC posted the following materials on its web site:

- Preparedness tools for professionals: <http://www.cdc.gov/h1n1flu/tools/>
- Q&A about antiviral drugs: <http://www.cdc.gov/h1n1flu/antiviral.htm>
- Brochure, "H1N1 Flu and You": <http://www.cdc.gov/h1n1flu/flyers.htm>
- Information for pharmacists: http://www.cdc.gov/H1N1flu/pharmacist/pharmacist_info.htm

How to Stay Updated

Weekly Updates: Check the Thursday morning updates on H1N1 in Maine on Maine CDC's H1N1 website. Now available as an RSS feed (midway down the center of the homepage): <http://www.maine flu.gov/>

Health Alert Network: Sign up to receive urgent updates from Maine CDC's Health Alert Network (HAN). The easiest and quickest way to sign up is through the HAN Alert RSS feed at www.maine public health.gov (midway down the center of the homepage).

Follow Maine CDC's Updates:

- **Facebook** (search for "Maine CDC")
- **Twitter** (<http://twitter.com/MEPublicHealth>)
- **MySpace** (www.myspace.com/maine public health)
- **Maine CDC's Blog** (<http://maine public health.blogspot.com>)

H1N1 Conference Calls: Maine CDC will be holding conference calls on a variety of topics related to H1N1 over the coming weeks. Upcoming calls:

Date	Time	Topic	Call-in Information
Monday, Sept. 28	Noon to 1 p.m.	conference call for interested stakeholders on H1N1 vaccine efforts and update	1-800-914-3396 pass code: 473623
Monday, Oct. 5	Noon to 1 p.m.	conference call for interested stakeholders on H1N1 vaccine efforts and update	1-800-914-3396 pass code: 473623

Consider Calling or Emailing Us:

- For clinical consultation, outbreak management guidance, and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.

- General Public Call-in Number for Questions: 1-888-257-0990
NextTalk (deaf/hard of hearing) - (207) 629-5751
Monday - Friday 9 a.m. – 5 p.m.
- Email your questions to: flu.questions@maine.gov

U.S. CDC H1N1 Recommendations and Guidance:

<http://www.cdc.gov/h1n1flu/> and <http://www.flu.gov/>

Maine Weekly Influenza Surveillance Report

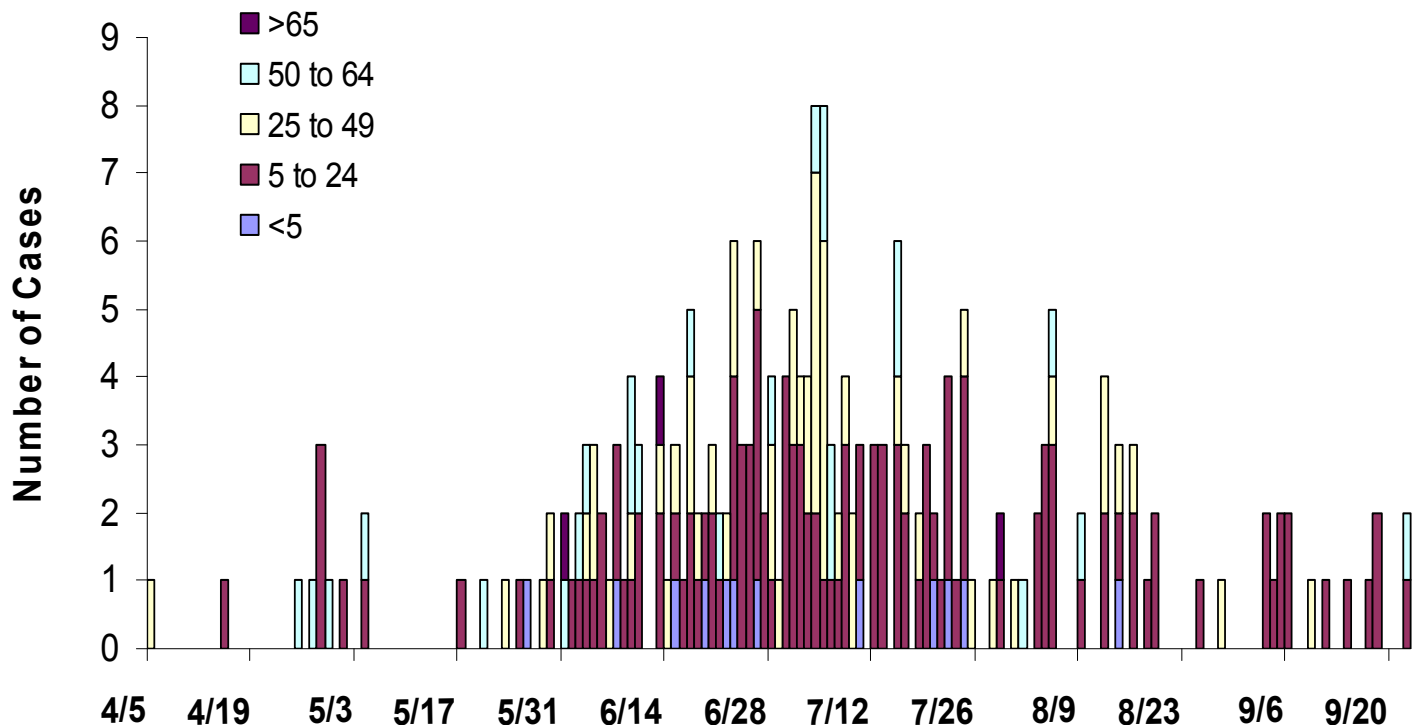
September 23, 2009

- 388 confirmed and probable cases of H1N1 total to date
 - 233 in Maine residents
 - 14 Maine residents have been hospitalized
 - 155 in out of state residents tested in Maine
 - 5 Out of state residents have been hospitalized in Maine
- 1 death reported to date
- 91% of lab confirmed H1N1 cases in Maine residents and out of state visitors are under the age of 50 (range 0-81 years, mean of 22 years)

Characteristics of Lab Confirmed H1N1 Influenza Cases - Maine Residents, 2009

Age			Gender		At Risk		Hospital Care				Deaths	
Age group	N	%	Male	Female	HCW	Pregnant	Hospitalized	%	ICU	Ventilated	N	%
<5	12	5	8	4	0	0	1	8	0	0	0	0
5 to 24	137	59	67	70	4	0	3	2	0	1	0	0
25 to 49	57	24	25	32	11	1	5	9	1	1	0	0
50 to 64	25	11	13	12	5	0	4	16	2	2	1	4.0
>65	2	1	0	2	0	0	1	50	0	0	0	0
Total	233	~	113 (48%)	120 (52%)	20	1	14	6	3	4	1	0.4

Confirmed Cases of H1N1 Influenza in Maine Residents, by Onset Date and Age Group 09/23/2009



Lab confirmed H1N1 Influenza Cases by County – Maine Residents and Out of State Visitors, 2009

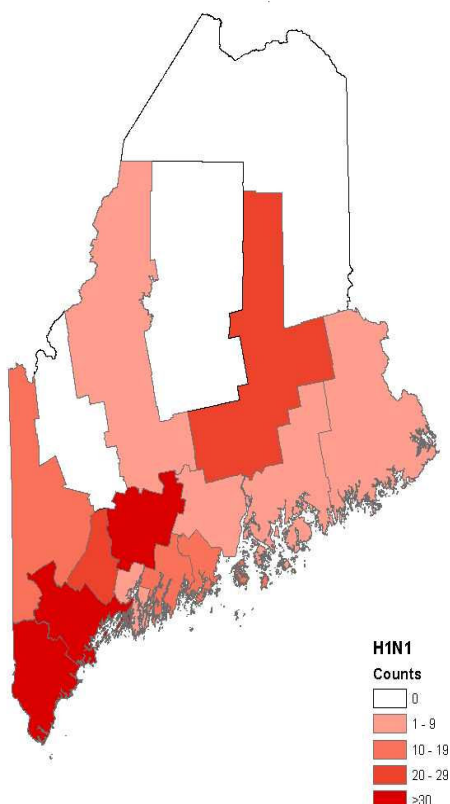
County	Maine Residents	Out of State	Total
Androscoggin	18	8	26
Aroostook	0	0	0
Cumberland	101	62	163
Franklin	0	0	0
Hancock	5	2	7
Kennebec	17	38	55
Knox	3	8	11
Lincoln	9	4	13
Oxford	8	8	16
Penobscot	17	4	21
Piscataquis	0	0	0
Sagadahoc	9	0	9
Somerset	1	2	3
Waldo	1	1	2
Washington	1	0	1
York	43	18	61
Total	233	155	388

Out of state cases are classified by the area in which they are staying (if a summer resident/camper) or the area in which they were tested

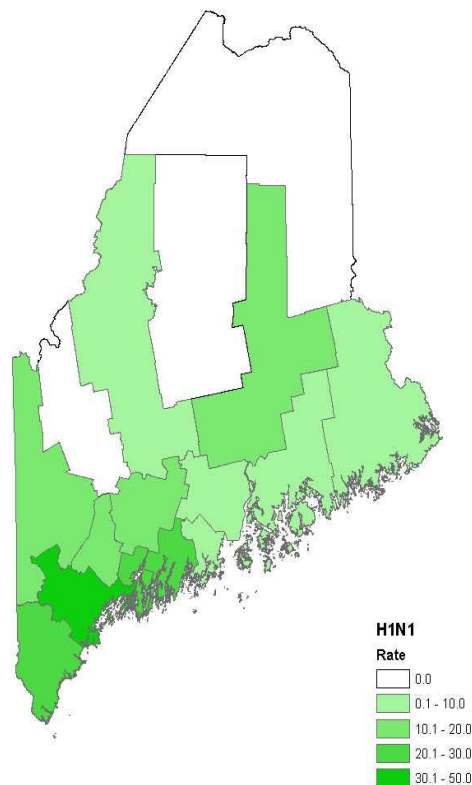
Institutional Settings with Lab Confirmed H1N1, by County - Maine, 2009

County	School/Day Care	Acute Care	Cong. Living	Camp
Androscoggin	1	0	0	6
Aroostook	0	0	0	0
Cumberland	2	0	2	14
Franklin	0	0	0	0
Hancock	0	0	0	0
Kennebec	0	0	0	9
Knox	0	0	0	4
Lincoln	0	0	0	1
Oxford	0	0	0	3
Penobscot	0	0	0	0
Piscataquis	0	0	0	0
Sagadahoc	0	0	0	0
Somerset	0	0	0	1
Waldo	0	0	1	0
Washington	0	0	0	0
York	0	1	0	2
Total	3	1	3	40

Lab Confirmed H1N1, by County – Maine Residents and Out of State Visitors, 2009

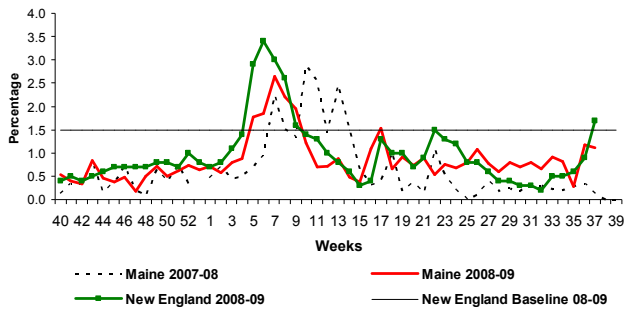


Rate of Lab Confirmed H1N1 Infection per 100,000 People, by County - Maine Residents, 2009

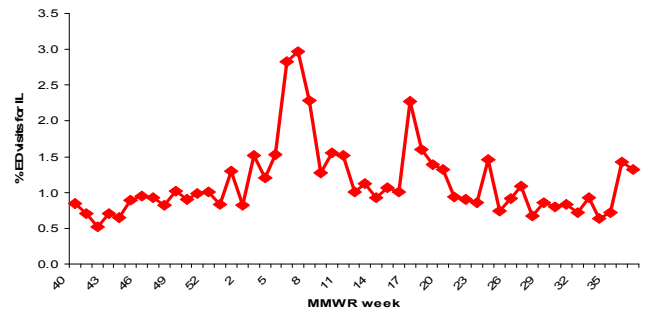


Surveillance Information

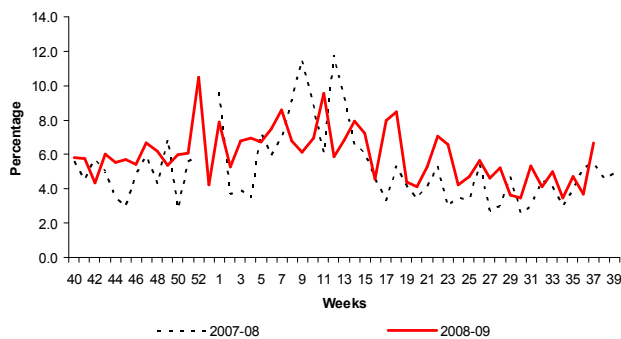
Outpatient Visits for Influenza-like Illness – Maine, 2007-09



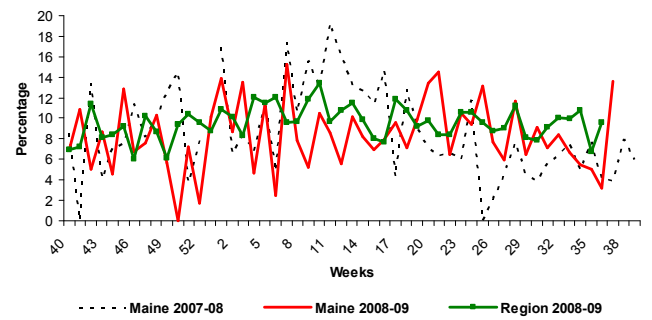
Emergency Department Visits for ILI at Eight Hospitals – Maine, 2009



Hospital Admissions Due to Pneumonia or Influenza – Maine, 2007-09



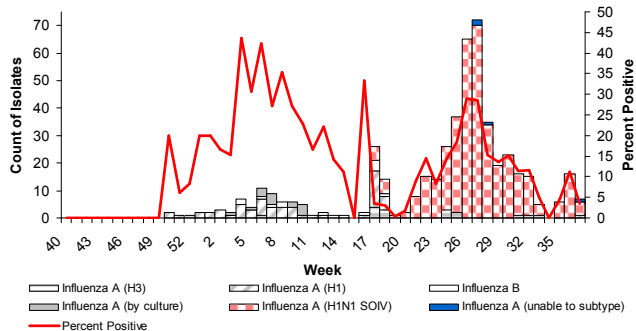
Percentage of Deaths Attributable to Pneumonia or Influenza – Maine, 2007-09



Lab Data

- 4,262 influenza tests have been performed since April 27, 2009
 - 8.8% of tests have been positive for H1N1

Respiratory Specimens Positive for Influenza from HETL – Maine, 2007-09



Positive Rapid Influenza Tests – Maine, 2008-09

